



For All Laboratorians

Tuesday, June 25, 2003

12:00 – 4:00 p.m.

State Laboratory Institute
305 South Street
Jamaica Plain, MA

Speaker

Anna J. DeMarinis, MA, MT(ASCP)

Ms. DeMarinis is a private consultant who provides regulatory, clinical and program evaluation consulting services. She is also an adjunct professor at Northeastern University in the Medical Laboratory Sciences Department.

Program Description

This half-day basic program will introduce the laboratory professional to the fundamentals of a laboratory quality system.

Sessions will:

- Summarize the adaptation of ISO 9001 (Quality Management System) into a standards framework for organizing the laboratory quality system NCCLS Approved Guideline HS1-A (A Quality System Model for Health Care).
- Review the Quality System Essentials and identify strategies for fulfilling them.
- Discuss the roles of regulatory agencies and accrediting bodies in compliance oversight and implementation.
- Make suggestions for implementing a laboratory quality system.

Sponsored by:

State Laboratory Institute
Massachusetts Department of Public Health

&

National Laboratory
Training Network



This program is free but pre-registration is required. Call Ext. 6608 to register, please state that you are registering for the Quality System Primer then leave your name and extention.

National Laboratory Training Network REGISTRATION FORM

FORM APPROVED
OMB NO. 0920-0017
EXP. DATE 4/30/2003

NAME AND ADDRESS OF APPLICANT (Please type or print.)

(Dr., Mr., Mrs., Miss) Ms.	(First)Sonja	(M.I.) J.
		(Last)Farak
Social Security Number 037-56-9138		E-mail Address Sonja.Farak@dph.state.ma.us
Position Title Chemist I	Length of Time in Profession 6 weeks	State Licensure
Employer's Name Massachusetts Department of Public Health		Work Phone Number 617-983-6630
Address 305 South St.		Work Fax Number
City Jamaica Plain	State MA	Zip or Country 02131

COURSE DESIRED

NE9203	Date June 24, 2003	Location Jamaica Plain, MA
Course Title Quality System Primer : For All Laboratorians		

(Signature of Applicant) (Date)

We also need to know your Social Security Number. This is voluntary and collected under

THE FOLLOWING PRIVACY ACT STATEMENT IS APPLICABLE TO ALL INCLUDED FORMS NEEDING SOCIAL SECURITY NUMBER

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CDC 32.1 REV 3/30/2000

PAYMENT INFORMATION
Fee: \$35.00
Registration Deadline: March 10, 2003
Payment Options (Please check one.)
Credit Card Information

Enclosed is my check or money order payable to APHL.	Cardholder's Name (Please print.)
Enclosed is a Purchase Order, please bill me.	Card Number
Bill my Credit Card.	Expiration Date
(If using Credit Card, please circle one.)	
American Express	
MasterCard	
VISA	
Amount of Payment	
Date	
Signature	

Mail to: NLTN, 305 South St., Boston, MA 02130-3597 or Fax to: (617) 983-8037
For further information call: (617) 983-6278